

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
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46							
47							
48							
49							
50							
Total Indep			2	1			
Total Depend			63	63			
Total Claims			65				